#### International relations in science and medicine:

#### Three case studies

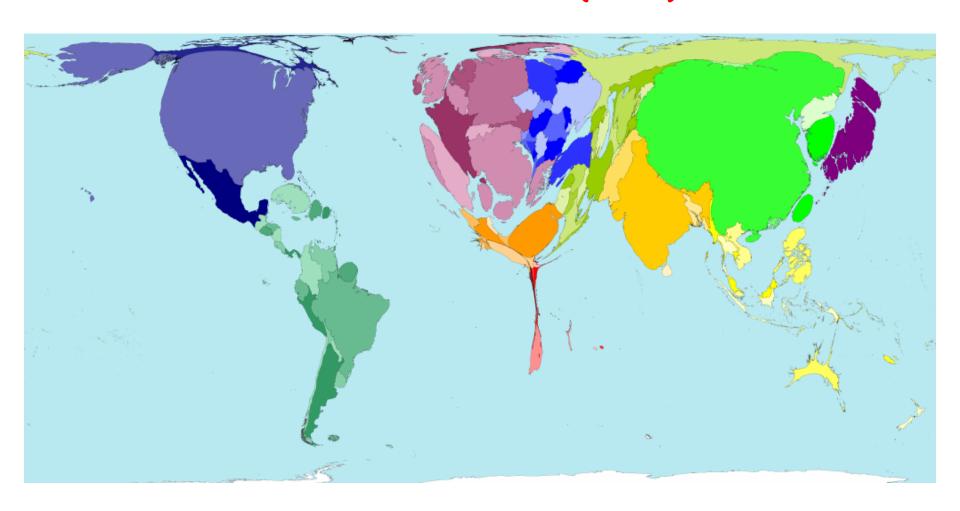
Case #2: The President's Emergency Plan For AIDS Relief (PEPFAR)

Harold Varmus

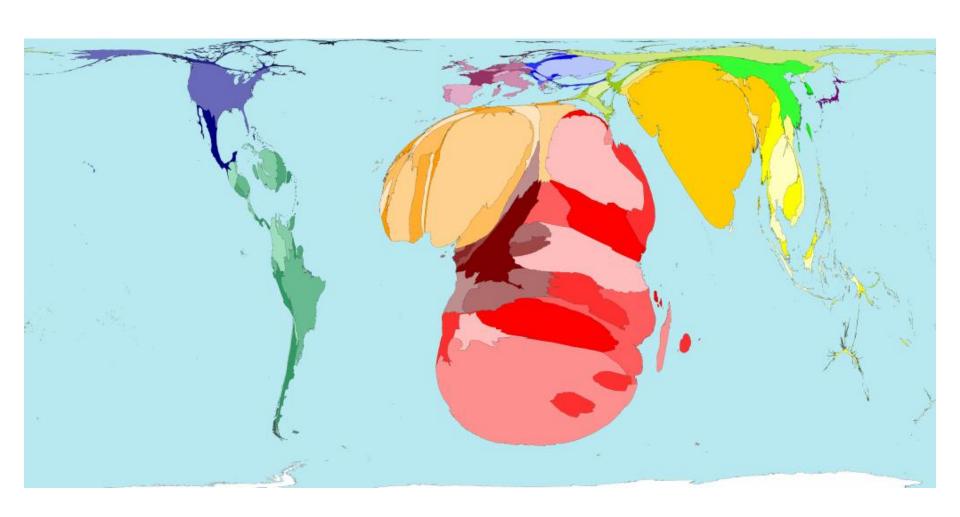
Kings College, London

May 7, 2013

# DISTRIBUTION OF 7.7 MILLION WORKING PHYSICIANS (2004)



## DISTRIBUTION OF PEOPLE LIVING WITH HIV INFECTION (IN 2003, AGES 15-49)



(Worldmapper #227)

# DISTRIBUTION OF 2.6 MILLION DEATHS FROM AIDS (2002)



#### A BRIEF HISTORY OF AIDS

#### FRANCO-AMERICAN DIPLOMACY OVER DISCOVERY OF HIV



Luc Montagnier, Pasteur Institute

Robert Gallo, NIH

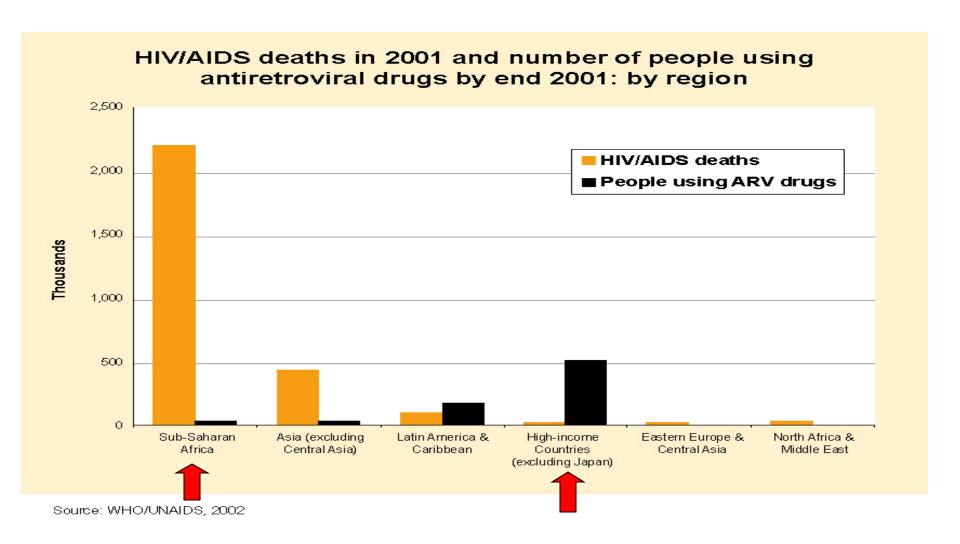
# A BRIEF HISTORY OF AIDS AND EFFORTS TO CONTROL HIV

#### PREMATURE FORECASTS OF A VACCINE AGAINST AIDS



HHS Secretary Margaret Heckler with Robert Gallo, Feb 2004

#### Antiretroviral Therapy by Region--2001



### The Birth of PEPFAR

#### PRELUDES TO PEPFAR



CONDOLEEZZA RICE AND GEORGE W. BUSH

#### PRELUDES TO PEPFAR





KOFI ANNAN AND GW BUSH AT ANNOUNCEMENT OF US SUPPORT FOR THE GLOBAL FUND, MAY 2001

**BONO** 

#### KEY FIGURES IN THE WHITE HOUSE

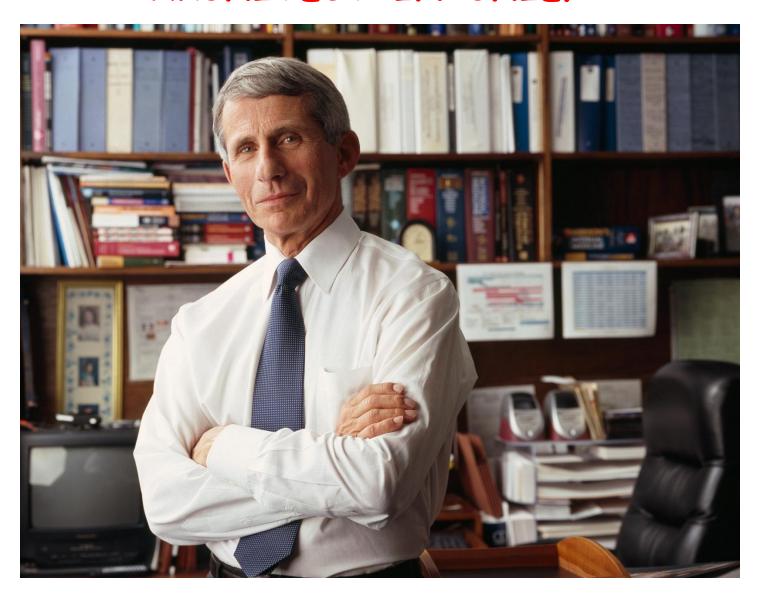




JOSH BOLTON, DEPUTY CHIEF OF STAFF

GARY EDSON, SENIOR ADVISOR DEPUTY, NSC

#### ARCHITECT-IN-CHIEF



ANTHONY (TONY) FAUCI, DIRECTOR,
NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

#### 2002: TONY FAUCI GOES TO AFRICA



#### ON AN AIDS WARD IN UGANDA: 2002



#### DRAFTERS OF THE PLAN



MARK DYBAL
NIAID, Assistant to Director



RALPH TATE
NIAID, operations research

#### % of Cost Supported by U.S.

70 of door dapperted by d.d.									
		Change Percentage of Individual Year and Country							
Target Country	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5				
Botswana	100%	100%	90%	80%	70%				
Cote d'Ivoire	100%	100%	100%	100%	90%				
Ethiopia	100%	100%	100%	100%	100%				
Kenya	100%	100%	100%	90%	90%				
Mozambique	100%	100%	100%	100%	100%				
Rwanda	100%	100%	100%	100%	100%				
South Africa	100%	100%	90%	80%	70%				
Uganda	100%	100%	100%	100%	90%				
Namibia	100%	100%	100%	90%	80%				
Nigeria	100%	100%	100%	100%	100%				
Tanzania	100%	100%	100%	100%	100%				
Zambia	100%	100%	100%	100%	100%				
Guyana	100%	100%	100%	90%	80%				
Haiti	100%	100%	100%	100%	90%				
Russia	0%	0%	0%	0%	0%				
China	0%	0%	0%	0%	0%				
India	0%	0%	0%	0%	0%				
Wgt Avg	58%	58%	56%	53%	50%				

#### Wgt Avg 58% 58%

Wgt Avg

CHARTING

THE PLAN

#### % of Prevention by Country

	Change Percentage of Individual Year and Country							
Target Country	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5			
Botswana	25%	50%	75%	100%	100%			
Cote d'Ivoire	25%	50%	75%	100%	100%			
Ethiopia	25%	50%	75%	100%	100%			
Kenya	25%	50%	75%	100%	100%			
Mozambique	25%	50%	75%	100%	100%			
Rwanda	25%	50%	75%	100%	100%			
South Africa	25%	50%	75%	100%	100%			
Uganda	25%	50%	75%	100%	100%			
Namibia	25%	50%	75%	100%	100%			
Nigeria	25%	50%	75%	100%	100%			
Tanzania	25%	50%	75%	100%	100%			
Zambia	25%	50%	75%	100%	100%			
Guyana	25%	50%	75%	100%	100%			
Haiti	25%	50%	75%	100%	100%			
Russia	25%	50%	75%	100%	100%			
China	25%	50%	75%	100%	100%			
India	25%	50%	75%	100%	100%			

#### % of Patients Under Care by Country

	Change Percentage of Individual Year and Count							
Target Country	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5			
Botswana	10%	20%	30%	40%	50%			
Cote d'Ivoire	10%	20%	30%	40%	50%			
Ethiopia	10%	20%	30%	40%	50%			
Kenya	10%	20%	30%	40%	50%			
Mozambique	10%	20%	30%	40%	50%			
Rwanda	10%	20%	30%	40%	50%			
South Africa	10%	20%	30%	40%	50%			
Uganda	10%	20%	30%	40%	50%			
Namibia	10%	20%	30%	40%	50%			
Nigeria	10%	20%	30%	40%	50%			
Tanzania	10%	20%	30%	40%	50%			
Zambia	10%	20%	30%	40%	50%			
Guyana	10%	20%	30%	40%	50%			
Haiti	10%	20%	30%	40%	50%			
Russia	10%	20%	30%	40%	50%			
China	10%	20%	30%	40%	50%			
India	10%	20%	30%	40%	50%			

#### % of Patients Under ARV Care by Country

	Change Percentage of Individual Year and Country								
Target Country	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5				
Botswana	10%	20%	30%	40%	50%				
Cote d'Ivoire	10%	20%	30%	40%	50%				
Ethiopia	10%	20%	30%	40%	50%				
Kenya	10%	20%	30%	40%	50%				
Mozambique	10%	20%	30%	40%	50%				
Rwanda	10%	20%	30%	40%	50%				
South Africa	10%	20%	30%	40%	50%				
Uganda	10%	20%	30%	40%	50%				
Namibia	10%	20%	30%	40%	50%				
Nigeria	10%	20%	30%	40%	50%				
Tanzania	10%	20%	30%	40%	50%				
Zambia	10%	20%	30%	40%	50%				
Guyana	10%	20%	30%	40%	50%				
Haiti	10%	20%	30%	40%	50%				
Russia	10%	20%	30%	40%	50%				
China	10%	20%	30%	40%	50%				
India	10%	20%	30%	40%	50%				
Wgt Avg	10%	20%	30%	40%	50%				

#### % of Cost Supported by U.S.

Change Percentage of Individual Year and Country

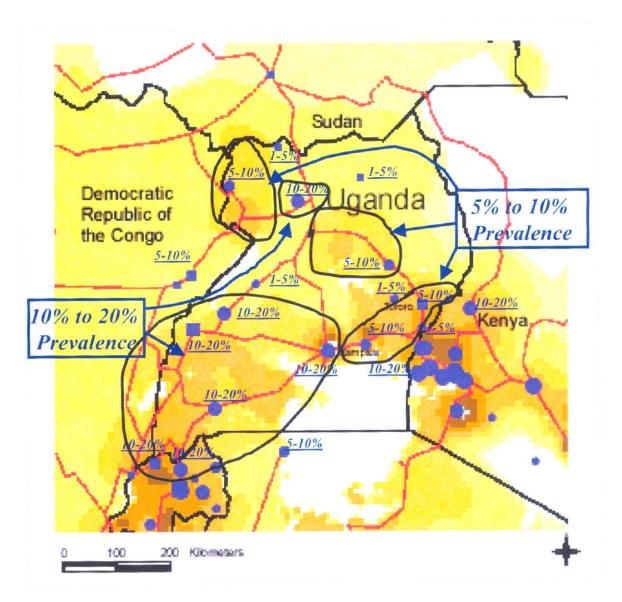
SAMPLE CHART:
COUNTRIES
COST SHARING

Target Country	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
Botswana	100%	100%	90%	80%	70%
Cote	100%	100%	100%	100%	90%
d'Ivoire Ethiopia	100%	100%	100%	100%	100%
Kenya	100%	100%	100%	90%	90%
Mozambiqu	100%	100%	100%	100%	100%
e Rwanda	100%	100%	100%	100%	100%
South	100%	100%	90%	80%	70%
Africa Uganda	100%	100%	100%	100%	90%
Namibia	100%	100%	100%	90%	80%
Nigeria	100%	100%	100%	100%	100%
Tanzania	100%	100%	100%	100%	100%
Zambia	100%	100%	100%	100%	100%
Guyana	100%	100%	100%	90%	80%
Haiti	100%	100%	100%	100%	90%
Russia	0%	0%	0%	0%	0%
China	0%	0%	0%	0%	0%
India	0%	0%	0%	0%	0%
Wgt Avg	58%	58%	56%	53%	50%

#### ASSIGNING TASKS AND PEOPLE TO FACILITIES

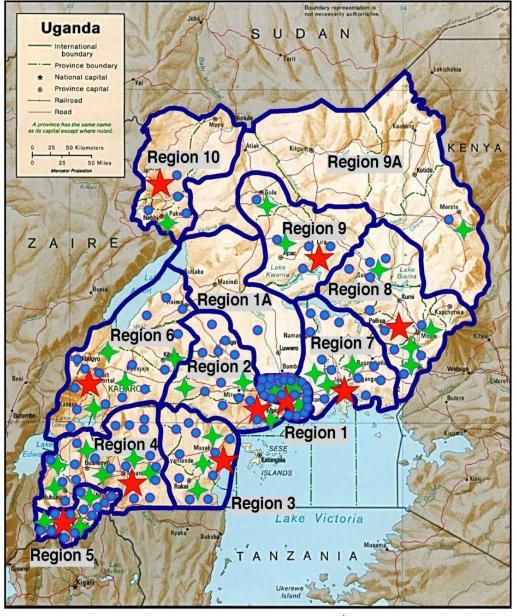
Infrastructure	Personnel	Services	
<ul><li>State of the art labs</li><li>High level clinics and hospital</li></ul>	<ul> <li>Specialist doctors and nurses</li> <li>Trainers</li> <li>Counselors</li> <li>Managers</li> <li>Pharmacists</li> <li>Lab technologists</li> </ul>	<ul> <li>Complete clinical care</li> <li>Complicated antiretrovir</li> <li>therapy</li> <li>Manage complicated patients</li> <li>Plus all below</li> </ul>	
•Advanced labs •Advanced clinical care	<ul><li>Doctors</li><li>Counselors</li><li>Lab technologists</li><li>Pharmacists</li></ul>	•Basic clinical care •Basic antiretroviral therapy •Plus all below	
•Basic labs •Basic clinical care	<ul> <li>Junior doctor, nurse practitioner or medical assistant</li> <li>Counselors</li> <li>Basic lab technologists</li> <li>Pharmacists</li> </ul>	<ul> <li>Clinical evaluation</li> <li>STD, malaria, TB therapy</li> <li>OI therapy</li> <li>VCT</li> <li>PMTCT</li> <li>Plus all below</li> </ul>	
•Clinical evaluations	•Medical assistant or health visitor	<ul> <li>Home visits</li> <li>Basic clinical evaluations and follow-up</li> <li>Adherence Evaluation/DOT</li> </ul>	
	• High level clinics and hospital  • Advanced labs • Advanced clinical care  • Basic labs • Basic clinical care	*High level clinics and hospital     *Trainers     *Counselors     *Managers     *Pharmacists     *Lab technologists      *Advanced labs     *Advanced clinical care     *Advanced clinical care      *Basic labs     *Basic clinical care      *Basic clinical care      *Basic clinical care      *Basic labs     *Basic clinical care      *Basic labs     *Basic lab technologists     *Counselors     *Basic lab technologists     *Basic lab technologists     *Pharmacists      *Clinical evaluations      *Medical assistant or health	

#### MATCHING DISEASE BURDEN TO EXISTING FACILITIES



Areas of High HIV/AIDS Prevalence in Uganda

# EXISTING FACILITIES PROMOTE EFFICIENT SCALE-UP





### DRAFTING THE FUNDING PLAN: FIVE YEAR SCALE-UP OF ARV DRUGS, PREVENTION, AND CARE

	% WHO Targeted Prevention Population Reached*	% of HIV+ Persons Under Care**	Total # HIV+ Persons Under Care **	# of HIV+ Persons Receiving ARV***	Cost of Prevention****	Cost of Care****	Cost of ARV****	Administrative Costs#	Total Cost##	Total New Money Required###
Year 1	25%	10.0%	1,959,800	391,960	232,159,890	87,751,088	358,100,000	47,460,768	725,471,747	420,471,747
Year 2	50%	20.0%	3,919,600	783,920	464,319,780	175,502,176	716,200,000	94,921,537	1,450,943,493	1,145,943,493
Year 3	75%	30.0%	5,879,400	1,175,880	684,331,725	258,661,620	1,023,720,000	137,669,934	2,104,383,279	1,799,383,279
Year 4	100%	40.0%	7,839,200	1,567,840	885,774,478	334,802,338	1,275,744,000	174,742,457	2,671,063,273	2,366,063,273
Year 5	100%	50.0%	9,799,000	1,959,800	852,707,956	402,879,944	1,493,270,000	192,420,053	2,941,277,953	2,636,277,953
					3,119,293,830	1,259,597,165	4,867,034,000	5-Year Total####	9,893,139,744	8,368,139,744

<sup>\* %</sup> of HIV+ individuals receiving prevention, care and treatment will vary by available infrastructure in each country.

<sup>\*\*</sup> WHO/UNAIDS 2001 estimates.

<sup>\*\*\*</sup> ARV = Antiretroviral Therapy (assumes 20% of HIV+ population requires ARV therapy).

<sup>\*\*\*\* &</sup>quot;Costs of Scaling HIV Program Activities to a National Level in Sub-Saharan Africa: Methods and Estimates," March 31, 2001, World Bank

<sup>#</sup> Assumes 7% of total cost.

<sup>###</sup> Assumes \$305 million per year previously allocated or planned for PMTCT initiative, USAID and CDC programs in the targeted countries.

#### trattoria SORRENTO



#### "BIG NIGHT"

Tony Fauci hosts a dinner on November 12, 2002, for global health leaders who flew to DC to meet the Bush Administration

authentie home-style Italian euisine

#### THE VALIDATORS AT OMB MEETINGS NOVEMBER 13, 2002



PETER MUGYENYI, UGANDA



ERIC GOOSBY, RWANDA



PAUL FARMER, HAITI



BILL PAPE, HAITI

#### THE OMB INTERROGATOR AND ANALYST



Robin Cleveland

#### A WINNING ARGUMENT: THE LAZARUS EFFECT





AFTER ANTI-RETROVIRAL RX

#### CONFIRMATION FROM AN EXPERIENCED HAND IN GLOBAL HEALTH



**NILS DAULAIRE** 

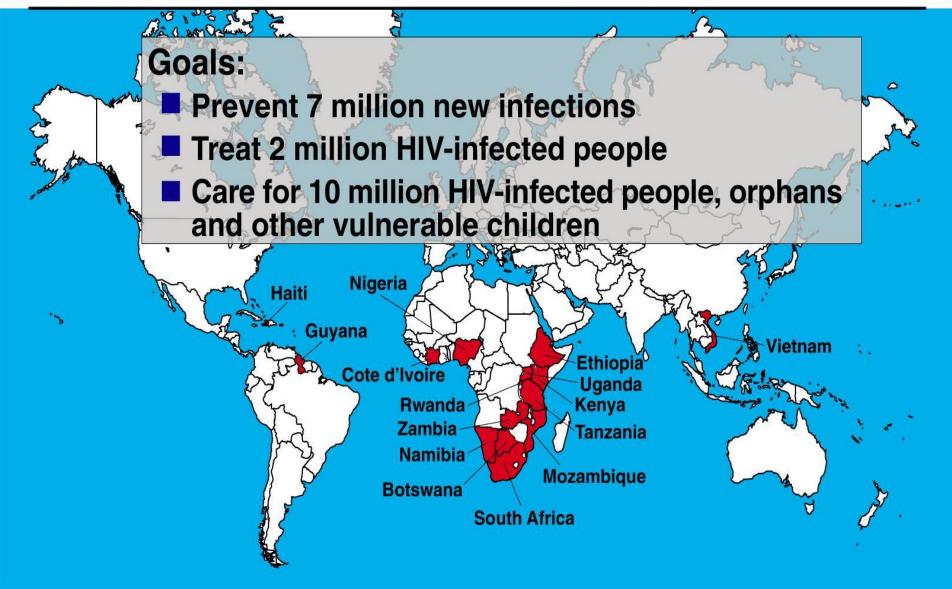


# State of the Union Address, January 28, 2003

President Bush announces the Emergency Plan for AIDS Relief



# The President's Emergency Plan for AIDS Relief – \$15B Over 5 Years



#### IMPLEMENTING PEPFAR

#### IMPLEMENTING PEPFAR

Partners: USG agencies (CDC, USAID, NIH, etc)

Various NGO's

Several universities

Global Fund, UNAIDS, etc

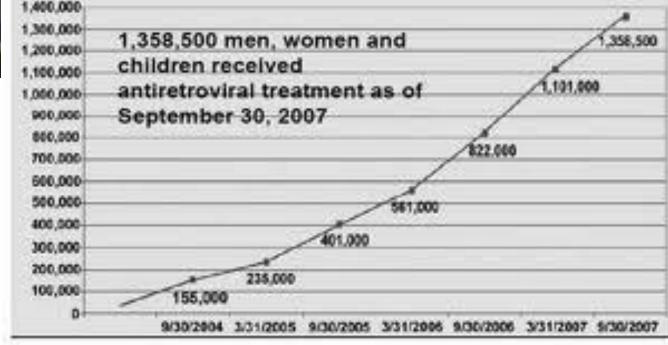
Host countries

#### PEPFAR ADMINISTRATORS



#### RANDALL TOBIAS:

ELI LILLY CO.
PEPFAR (2003-7)
USAID
RESIGNATION





#### MARK DYBAL

NIAID, Assistant to Director

PEPFAR Administrator, 2007-2009

Global Fund, Executive Director, 2012-present

#### CURRENT PEPFAR ADMINISTRATOR

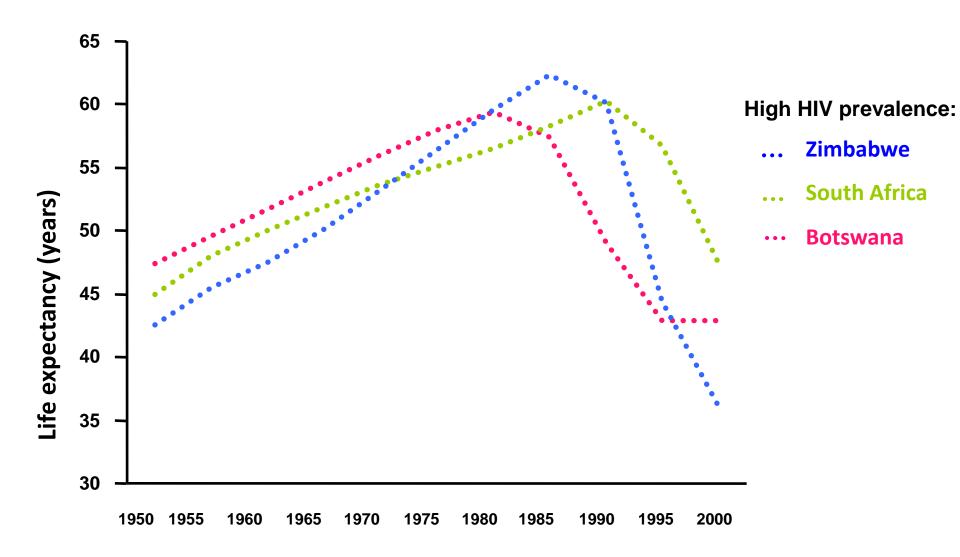


ERIC GOOSBY, 2009-

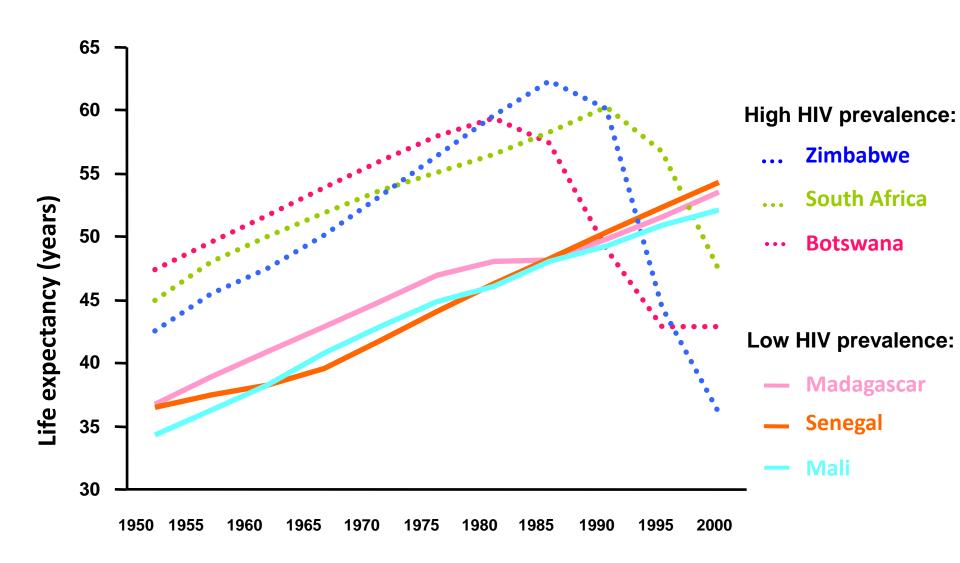
#### PEPFAR: CURRENT STATUS

- HIGH MARKS FROM INSTITUTE OF MEDICINE
- OVER 5.5 MILLION ON ARV DRUGS
- STRONG PREVENTION AND CARE PROGRAMS
- EXPANSION WITHOUT BUDGET INCREASES (BETTER PRICES, MORE HOST COUNTRY PAYMENTS)
  - EXPANDED OUTLOOK: IMPLEMENTATION SCIENCE, ALTERNATIVE USES FOR FACILITIES

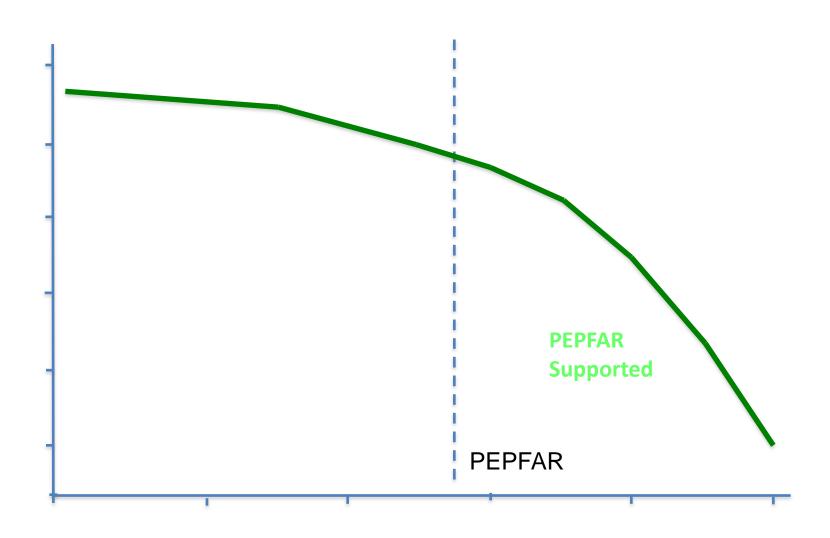
#### Life Expectancy in Africa



#### Life Expectancy in Africa



#### **Deaths in PEPFAR-Supported Countries in Africa**



#### **Deaths in PEPFAR-Supported Countries in Africa**

